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ORIGINAL DEPARTMENT.

LECTURE.

THE ANATOMICAL EVIDENCE OF THE DESCENT OF MAN.

BY PROF. EDWARD S. MORSE.

[The following extract from Professor Morse's Address before the American Association for the Advancement of Science, at Buffalo, N. Y., August 23d, contains such an admirable summary of the revelations of anatomy, when studied in its higher meaning, that we believe every reader will be pleased to peruse it.—Ed. REPORTER.]

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The facts bearing on man's lowly origin have been fully contributed by American students, and as all intelligent men understand the bearing of these facts on the question, it is only necessary to allude to them here. If man has really been derived from so lowly an ancestor in common with the ape, we must expect to show—1st, that in his earlier stages he recalls certain persistent characters in the apes; 2d, that the more ancient will reveal more ape-like features than present existing in man; and 3d, that in the present existing races of men certain characteristics pertaining to early men still persist in the inferior races.

Professor Wyman points out certain resemblances between the limbs of the human embryo and the permanent condition of the limbs of lower animals. "In some human embryos, about an inch in length, he found that the great

toe was shorter than the others, and, instead of being parallel to them, projected at an angle from the side of the foot, thus corresponding with the permanent condition of this part in the *Quadrumana*."

In some observations made on the skeleton of a Hottentot, Professor Wyman calls attention to the complete ossification of the nasal bones, no suture remaining. This was more noticeable as the individual was young; and the other bones were immature, and had an interest in connection with the fact that the nasal bones are cuspid at an early period in the monkeys, and before the completion of the first dentition in gorillas and chimpanzees. Careful measurements of the pelvis also revealed quadrumanous features, though "the resemblance is trifling in comparison with the differences."

In a study of the crania, Wyman found differences in the relative positions of the *foramen magnum*. In the North American Indian this opening was further back than in the Negro, while some crania from Kanai presented this opening still further back than in the Indian; and more than half the lot from Kanai had the peculiarity in the nostrils first pointed out in the Negro by Dr. John Neil, of Philadelphia, namely, the deficiency of the sharp ridge which forms the lower border of the opening. In its place is a rounder border, or an inclined plane. This feature occurs very frequently in different races, but more rarely in Europeans. It is, however, never absent in the apes. Professor Wyman, in studying characters of certain ancient crania, from a burial place near Shell Mound, Florida, observed the *foramen magnum* quite far back, and remarks on the massive

character of the bones composing the skull, the parietal being nearly twice the thickness of ordinary parietals, while "the general roughness of the surfaces for muscular attachments on the hinder part of the head is very striking."

In certain measurements of synostatic crania, Professor Wyman found that the length of the parietals was twenty-four millimetres above the average, the parietals being lengthened from before backward, the frontal and occipital being but slightly augmented. Now, on the much-discussed Neanderthal skull, wherein it is urged by Dr. Davis that it is a synostatic skull, though denied by Huxley, Wyman shows that the porillats measure nine millimetres below the average, which is certainly against the view that the Neanderthal skull is synostatic.

In an essay, entitled "Observations on Crania and other parts of the Skeleton," Professor Wyman shows that the relative capacity of the skull "is to be considered merely anatomical, and not as a physiological characteristic," a mere distinction, certainly, in considering the large capacity of certain ancient skulls, since we must know the plurality, as well as the quantity, in order to assume the intellectual position of the races. In this essay is also quoted the results of a large series of measurements made by Dr. B. A. Gould, in which it is shown that the arms of the blacks are relatively longer as compared with the whites, in this respect approaching the higher animals, a confirmation of the observations made by Broca, Pruner Bey, Lawrence, and others.

The perforation of the humerus, which occurs in the apes quite generally, was found to occur rarely in the white race. Of fifty humeri, Wyman found but two perforated, while of Indian humeri he found thirty-one per cent. perforated. With the remains of ancient men, there has been found among some of them a remarkable lateral flattening of the tibiae, unlike anything found at present, but always characteristic of the earliest races. These tibiae have received the name of platynecmic tibiae.

Wyman quotes Broca as saying that the measurements of these tibiae resemble the ape; and, what is more striking, in a small number of instances "the bone is bent, and its angles so rounded as to present the nearly oval section seen in the apes." The occurrence of these platynecmic tibiae has been noticed by several investigators. They have been sustained from the mounds of Kentucky, by Mr. Carr, Mr.

Lyon, and Mr. Putman. Professor Wyman found them in Florida mounds. To Mr. Henry S. Gillman, of Detroit, science is indebted for the discovery of the most flattened tibiae ever recorded, exceeding even those discovered in Europe. Mr. Gillman has opened a number of mounds along the Detroit and Rouge rivers, in Michigan, and has assiduously studied the characters of these remains, which indicate a very ancient race of men. Many of these tibiae he has sent to Mr. Peabody's Archaeological Museum at Cambridge. Associated with these remarkable tibiae are large numbers of perforated humeri.

At the Detroit meeting of the Association, Professor W. S. Barnard showed that the muscles which move the fingers and toes have been developed from one common muscle, and in studying the various degrees of specialization of the muscles which move the hand and foot through the gorilla and lower apes, he finds that in the foot "man remains a creation of the past, not modified by that which makes him a man, the brain. The hand has been modified and perfected by its services to the brain."

Professor Barnard also contributed another essay, entitled "Comparative Miology of Man and the Apes." From very careful studies he is led to believe that the relative position of the origin of the muscles is more constant than that of their insertions. In this examination he brings to light a muscle which Traill dissected in the higher apes, and which he called the *scansorius*, and this was supposed to have no representative in man.

Traill was followed by Wyman, Owen, Wilder, and by Bischoff, who, in a controversy with Huxley, argued from this muscle against the simian origin of man. Prof. Barnard now shows that Traill was mistaken, and that other naturalists were misled by the weight of his authority. What Traill interpreted as the *gluteus minimus* is the *pyriformis*, and what he figured as a new muscle, separating the apes from man, the *scansorius*, is the homologue of our *gluteus minimus*.

From gradually accumulating data in regard to micro-cephalic skulls, it would seem as if Carl Vogt was right in judging them to be cases of reversion. Professor Wyman says, in regard to a micro-cephalic skull from the Mauritius, that, "taking together the high temporal ridges, the union of the temporals with the frontals, the projection of the jaws, the narrow and re-

treating forehead, the small capacity, and the form and proportions of the nasal openings, the general resemblance to that of an ape is most striking, and seems to justify Vogt's expression of a man-ape, it being understood that the skull we are describing is not a natural but an anomalous formation."

It would be difficult to imagine, indeed, that mere reduction in the size of the brain through arrest of development should produce a series of characters so closely resembling the apes as is found to be the case in so many widely separated examples. Thus, in the Mauritius micro-cephalic skull the capacity is only twenty-five cubic inches. The jaws are extremely prognathous, the zygomatic arches stand out wide and free, and the temporal ridges approach within one and a quarter inch. If such examples should prove to be veritable cases of reversion, then we have a parallel in the startling appearance of the long-lost rudimentary toes of the horse, traces of which are only seen in the hidden splint bones. In the seventh annual report of the Archæological Museum, Professor Wyman describes a micro-cephalic skull from the ancient huacus of Peru. Its capacity is only thirty-three cubic inches; "the frontal bone, so much slanted backward, has a decided ridge corresponding to the frontal suture, and is slightly concave on each side of it."

Wyman states that the bones of the head are well formed, though, from the diminutive size of the brain, idiocy must have existed.

If we take into account the rapidly accumulating data of European naturalists concerning primitive man, with the mass of evidence received in these notes, we find an array of facts which irresistibly points to a common origin with animals directly below us—the massive skulls with coarse ridges for muscular attachments, the rounding of the base of the nostrils, the early ossification of the nasal bones, the small cranial capacity in certain forms, the prominence of the frontal crest, the posterior portion of the *foramen magnum*, the approximation of the temporal ridges, the lateral flattening of the *tibia*, the perforation of the humerus, the tendency of the pelvis to depart from its usual proportions, and associated with all these a rudeness of culture and the evidence and manifestation of the coarsest instincts. We must be blind indeed if we cannot recognize the bearing of such grave and suggestive modifications.

COMMUNICATIONS.

GUNSHOT WOUND OF THE SKULL; BALL RETAINED SEVEN YEARS; EPILEPTIFORM CONVULSIONS; OPERATION—CURE.

BY THEODORE A. DEMME, M. D.,

Of Philadelphia.

On the afternoon of September 9th, 1868, Mr. C. F., aged 20 years and 9 months, in a moment of great excitement, shot himself in the right side of the head, using an old single-barreled pistol, loaded with several balls. He was removed the same day to the Pennsylvania Hospital; he was unconscious, and continued so for a considerable time afterward. An examination revealed a gunshot wound in the right temporal region. The soft parts were lacerated and torn, the wound, extending almost vertically upward for several inches, showing that the charge had glanced in that direction. The same evening numerous pieces of splintered bone were removed, and, according to Mr. F., a ball extracted. He remained for a long time in a critical condition, but, under the skillful care and attention received, gradually improved, and seventy-three days after his admission to the hospital he was discharged, cured. His health continued good, and he was able to attend to business without a day's intermission. In the course of time the very remembrance of his narrow escape had almost faded away.

On the 17th of June, 1875, almost seven years after the gunshot injury, he became overheated at his work (morocco-dressing), and started for home about four o'clock, feeling "dull, heavy, and dizzy in the head." On the road home he purchased some grapes, and arriving at his house about half-past four o'clock, sat down on the sofa, alongside of his young wife, and ate a few of the grapes, when suddenly he fell backward, totally unconscious. I saw him shortly after five o'clock, and found him in bed, unconscious; very high fever; full, hammering, slow pulse; skin dry and hot; pupils contracted. The remarkable phenomenon presented itself of violent clonic spasms of the left side, the muscles of the entire side rapidly contracting and relaxing, the limb, arm and left face being in constant spasmodic motion; the right side meanwhile remaining perfectly quiescent.

Upon my arrival, I found that the impression upon the minds of the many friends and neighbors who had assembled was that the patient was suffering from a "heat-stroke." They were confirmed in their opinions, in the first place, by the fact that he had stopped work, stating that he felt overheated; and, in the second place, that in 1864 he had had a sunstroke, and for many hours remained in a very critical condition. The symptoms, however, led me to diagnose active congestion of the right cerebral hemisphere, and the treatment was accordingly so directed, viz.: leeches to the right temple, cupping to the nape of the neck, powerful revulsives to the limbs and spine, and active purgation. About midnight there was a decided amelioration of the symptoms, and shortly after administering a dose of bromide of potassium (gr. xx) and chloral hydrate (gr. xv) he appeared to fall into a profound sleep. The next morning I found him perfectly conscious, complaining of weakness, muscular soreness and headache. He rapidly improved, and at the end of a week resumed his work. After the lapse of a month Mr. F. visited me in the office, to obtain relief from, as he described it, intense neuralgia of the head. The remedies I prescribed afforded no relief. In August he was suddenly seized, while in bed, with an attack very similar to that of June above described. The epileptiform convulsions of the left side were not so violent, and consciousness was not entirely gone; he could be aroused to answer questions, and frequently groaned, "My head, my head." His recovery was so rapid that on the third day he was able to take open-air exercise. I condense the rest of the history:—

Every few months there was a return of the peculiar spasms. The pain in the head increased so as to be almost unbearable; he became morose, low-spirited, desponding, and at last so desperate that he thus expressed himself to me: "Doctor, I cannot live this way; at one time those spells, and at another this terrible pain; give me relief, or let me die."

Frequent examination enabled me to discover at the upper end of the furrow marking the course of the gunshot wound, about an inch and a half above the ext. aud. meatus, a spot exquisitely tender upon pressure, and apparently elevated above the surface of the skull. Being convinced that either an osteitis or the presence of a foreign body was the cause of the train of symptoms, I determined to perform at

least an exploratory operation, to ascertain, and, if possible, remove the cause of the suffering.

On the 8th of April, assisted by Dr. J. P. Bethel, I made a long vertical incision through the soft parts down to the skull, separated the lips of the wound, and freely exposed the prominence which had guided me; it was a bony elevation, irregularly elliptical in circumference; the long diameter, which corresponded in direction with the course marked by the gunshot wound, was about $\frac{3}{4}$ of an inch in length. It was now palpably evident that I had exposed a bony cyst containing some foreign body. With a sharp-cutting chisel I soon broke through the covering, and saw imbedded in the bone the treasure trove, a pistol ball. With considerable difficulty I introduced the end of an elevator beneath the *corpus delicti*, and brought it once again to the light of day.

The ball, which I send to you for examination, weighs fifty seven grains, and had been imbedded in the skull nearly seven years.

A period of four and a half months has elapsed since the operation, and up to this time Mr. F. has not had a return of any of his former troubles, but has continued in the enjoyment of the best health.

NOTES ON PARISIAN OPHTHALMOLOGY.

BY SWAN M. BURNETT, M. D.,
Of Knoxville, Tennessee.

The following notes comprise observations made at the Parisian ophthalmological clinics during the winter and spring months just past.

The greater part of the material for these notes was obtained at the clinique of Von Wecker. His is much the largest clinic in Paris, and furnishes a larger number of interesting cases; while the enthusiastic Franco-German master is indefatigable in pushing onward into the scantily worked fields of his chosen specialty, and is constantly bringing forward something new, either in the way of instrument, apparatus or operative procedure. But while the clinique of Von Wecker is considered *par excellence* the ophthalmological clinique of Paris, and as representing, so far as one institution can, the Parisian school, there are others which are doing good work both for scientific ophthalmology and in disseminating sound knowledge among the numerous students that throng the French capital. Abadie, Galezowski, Desmarres (fils),

Sichel (fils), and Landolt all labor earnestly and conscientiously to advance the best interests of their favorite science, and no one can come away from one of their cliniques without feeling glad that he had gone. That is one of the advantages of a private clinique, such as they have in France. The surgeon feels a personal interest and pride in it that he could not feel in a public institution.

The observing medical tourist cannot fail to be struck with the geographical distribution of disease that comes under his notice. He finds one form of disease prevalent in one country and only rarely met with in another, and that, too, without any assignable cause. Thus in London you would expect to find *granular lids* common among the poor, yet it is but seldom that a case presents itself among the thousands that come annually to Moorfields. In Paris it is more frequent, but not so common as with us in America. Wecker and Sichel treat it and all forms of conjunctivitis with argent. nit. in solution, and a solution (saturated) of acetate of lead. In the active stage the silver is used, and later on the lead, applied by means of the camel's-hair pencil. Sichel also uses in the later stages, when the granulations are well-nigh reduced, the crystal of sulphate of copper.

Lachrymal Affections

Are also more frequent than in any cliniques I have seen. You always see a goodly number of cases for the "sound." Wecker uses the probes of Bowman, but Sichel uses those of Weber, after having first passed a Stilling's knife down through the nasal duct and divided the stricture. Wecker, in all cases of conjunctivitis, and in most corneal affections, examines the state of the *puncti*, and if he finds them everted, slits up the canaliculus for a short distance. Many cases of conjunctivitis and corneal inflammation are brought on by the decomposition of and subsequent irritation by the tears retained in the conjunctival sac. In numerous cases I have seen these conjunctival and corneal affections pass away without other treatment after this division of the canaliculi.

Specific Keratitis

Is extremely rare in the Parisian cliniques. Very seldom indeed do you see the notched teeth of Hutchinson among the children presenting themselves. One cannot but be surprised at this, since syphilis is as common in

Paris as in London, or at least we are taught to believe so. It is not improbable that the better hygienic condition of the Parisian poor may have something to do with the rare appearance of this form of inherited syphilis. On the other hand, I think that specific troubles of the iris, choroid and retina in adults are more common in Paris than in London or New York.

In ordinary keratitis, Wecker depends, in treatment, on atropine, camomile fomentations, and, in the phlyctenular form, the internal administration of quinine and iron. Latterly, in some forms of corneal inflammation, and in all cases where there is a purulent discharge from the conjunctiva, he uses a solution of carbolic acid, 1 gramme to 300. In some instances he has used salicylic acid with equally good results. He finds this antiseptic treatment applicable to all those cases in which Gräfe recommended aqua chloræ.

Cataract.

Wecker, it is said, makes more extractions of cataract than any other one man in the world. His average is about two hundred and fifty a year. At present he is doing his own operation very largely. As there are already several published accounts of this, I will not here detail the different steps of the procedure. He has not made any material alterations in it lately. The only important modification is, that he instills the ezerine just as the patient takes the operating chair. In this manner, he says, the chances of a prolapsus of the iris is much diminished. Within the last few months I think he has been selecting his cases for this operation more carefully. In all of his cataract operations he now takes note of the tension of the globe and mobility of the pupil, and where he finds the tension at all increased, or the pupil sluggish in response to light, he does the Gräfe. He now reserves, to use his own words, his operation for cases of simple cataract without any complications. When his operation is successful, there can be no doubt that the success is better than in the Gräfe; but the same can be said of the old flap. The operation *looks* easy, the most difficult part appearing to be the division of the capsule. The statistics of the operation are not such, I think, as to warrant us in assigning it as yet its true place among the various modes of extraction. I found a growing tendency among ophthalmologists to adopt Morsen's method of making a preliminary iridectomy. Snellen, of Utrecht,

and Horner, of Zurich, do it quite frequently now; and Landolt, in Paris, and Critchett, in London, always follow this plan where it is possible. I have never seen any one else but Wecker do his operation; every one seems to cling to the Gräfe, with some modification. As a rule, the incision is made more in the cornea than that originally adopted by Gräfe. Some cases in which sympathetic trouble of the fellow-eye has followed the extraction by the Gräfe method, have led operators, as a rule, to remove the incision as far as possible from the ciliary region. In Abadie's clinic I saw an eye that had been removed after an extraction by the Gräfe, on account of sympathetic inflammation in the other. In it the cause of the trouble seemed to be the remnant of capsule that had become entangled in the wound, which in contracting had caused great tension on the opposite ciliary region. Wecker claims that in his operation this entanglement of the capsule is well-nigh impossible.

In making iridectomies, Weber and Landolt employ the extraction knife of Gräfe, and in making the section of the iris use the *pince ciseaux* of Wecker. The mode of making the section has advantages that the old lance-shaped knife does not offer. You can make it quite as peripheral, and it can be employed in very shallow anterior chambers where the lance-shaped knife is not admissible.

Iridotomy

Still holds its own as an important and indispensable operation in a certain class of cases. I saw Wecker and others do it many times, and in no case, I think, with a bad result. Wecker speaks most highly of a modification of the operation recommended by Dr. Green, of St. Louis, at the meeting of the American Ophthalmological Society in 1875. This modification consists in dividing the iris at right angles to the line of greatest traction. This gives the widest pupil possible under the circumstances, and in the cases in which I saw it done the result was admirable.

As regards the use of iridectomy in chronic simple glaucoma, Wecker is as yet undecided. If the diagnosis of all cases called chronic simple glaucoma was certain, the value of iridectomy would be less likely to be called in question; but in many of these cases a positive diagnosis is well-nigh impossible. It is extremely difficult to differentiate some cases of

chronic simple glaucoma from atrophy of the nerve with excavation, and the therapeutic indications, according to Wecker, are very different in the two affections. He lays it down as a law that when there is an atrophy of the nerve, especially a progressing atrophy, an iridectomy should never be performed. In some way, as yet unexplained, an excision of a piece of the iris exercises a decided influence on the nutrition of the nerve. It is but too well known that in some cases of what are called simple chronic glaucoma, there is a rapid deterioration of vision after an iridectomy.

Peritomy.

Wecker prefers this operation, in cases of vascularization of the cornea, to inoculation. In fact, I did not see a single case of inoculation in Paris, and all I heard speak of it did not look upon it favorably. Wecker does many of these peritomies, often for a partial vascularization of the cornea. I saw him also do a peritomy in a case of incipient sclerosis of the cornea.

Wecker still follows his plan in operating for

Staphyloma.

The advantage he claims for it over Critchett's practice of abrasion is that the sutures, being only through the conjunctiva, are not liable to cause any sympathetic trouble in the other eye.

I cannot see any particular advantage to be gained in any of these plans of abrasion, except where the orbit, through pressure of the excessively enlarged bulb, has become very much enlarged. Ordinarily an enucleation leaves a sufficiently large and movable stump on which to fit an artificial eye, and then your mind is at ease regarding sympathetic troubles.

I saw Wecker attempt to puncture the optic nerve sheath by means of the instrument exhibited by him at the London session of the International Ophthalmological Congress. In this instance, I do not think the nerve sheath was incised, or, if it was, the symptom (serous infiltration of the retina) was not abated.

Wecker still tattoos the leucomatous corneae that come under his observation, and the results in nearly all the cases are most decided, as regards improvement in appearance.

In the department of

Refraction and Accommodation,

The man who stands scientifically at the head of the list is Landolt. His association with

Donders, and his work in Gräfe and Sämisch's Encyclopædia, give him a prestige that his subsequent labors are sustaining. Ophthalmological teaching in Paris needs just such a man as Landolt. Previous to his coming there, there was no place where a student could study systematically the more intricate problems of physiological optics.

The Metrical System

Has already been put in practice by Wecker and Landolt. The latter has written an exposition of this system as it is at present employed in ophthalmology, a translation of which into English can be found in the London Ophthalmic Reports for May, 1876. Wecker has tried it long enough to demonstrate its superiority over the old system. The calculation of presbyopia, and the addition and subtraction of glasses, are reduced to the utmost simplicity and ease. They look to America and her enterprising ophthalmologists for assistance in a speedy introduction of the system into practice, and I trust they may not look in vain, for it is a progressive step in the right direction that I should be sorry to see checked.

MEDICAL SOCIETIES.

INTERNATIONAL MEDICAL CONGRESS.

This body convened at the Hall of the University of Pennsylvania, on Monday, September 4th, 1876, Professor S. D. Gross in the Chair. We present the following abstract of the opening address of Professor Gross:—

"My colleagues have confided to me, as the President of the Centennial Medical Commission, the agreeable and honorable duty of opening this International Medical Congress, so long the object of their solicitude and earnest labor. In their name, then, as well as my own and that of the entire medical profession, whose great heart this day throbs in unison with ours, I extend to you our right hand, and bid you a thrice-cordial welcome to the City of Brotherly Love. The occasion which has brought us together this morning is one of no ordinary kind; it is one, also, which has been long, and, I may say, anxiously, anticipated. It might, perhaps, seem ungracious if I were to tell you how much time and labor have been bestowed by the Commission, through its Committee of Arrangements, upon the organization of the Congress; how often they met to devise plans and to interchange views; how earnestly and thoughtfully they performed their work; in a word, how faithfully and conscientiously they discharged the great trust confided to them by the different medical bodies

of the city and county of Philadelphia, in which the Congress originated nearly two years ago. Not a little embarrassment often attended their progress, and it was, therefore, not without a profound sense of relief, such as a weary traveler may be supposed to experience at the end of a long and tedious journey, when we found that our task was finally brought to a successful close. If the organization is less complete than to some of you it may seem to be, no blame will, I am sure, be ascribed to the Commission on account of any shortcomings. There might, possibly, have been wiser and more experienced heads at work; but warmer hearts, or more conscientious men never were, I venture to affirm, engaged in a noble enterprise. Such, then, as the work is, we cordially submit it to your consideration, satisfied that it will be accepted by you in the same kindly spirit in which it is tendered, and that any deficiencies that may mar its character will be duly rectified by your superior wisdom.

"It is at all times a source of gratification to welcome friends, especially when they are united by the bonds of a common brotherhood, or an identity of interest; but on this occasion, so pregnant with important events, the feeling is vastly heightened by the fact that we have assembled around us brethren not only from every section of this great continent, but from various foreign climes—from Europe, the far East, from Japan and China, the islands of the Pacific, South America, Mexico, the West Indies, and, I had almost said, from every country in the world. The invitations sent out by the Commission cover every prominent medical society and every distinguished medical man in the four quarters of the globe. The object was to bring together representative men from all nationalities to participate in our proceedings, and to afford us the benefits of their wisdom, and the results of their experience and scientific investigations. If all these, or even a respectable minority of these representative men, could have been here, what a glorious spectacle would be presented in this hall this morning! Men laying aside for a while their ordinary pursuits, crossing vast continents and perilous seas, congregating to unite with us in celebrating our first Medical Centennial, in interchanging cordial salutations, in deliberating upon the best means of promoting the holiest and dearest interests of our profession, and in laying their contributions—the accumulations of years of study and observation—upon a common altar for the common good! In its wide range, the present Congress is without a parallel. Similar bodies have repeatedly met, but none on so grand a scale or with such a cosmopolitan outlook.

"In organizing the Congress the Commission may have been guilty of undue partiality toward their own country. Perhaps such a tendency was, after all, only natural. However this may be, certain members felt an irresistible desire to show the world what the century, since the establishment of our independence as a free and

sovereign people, has accomplished for scientific medicine. For this purpose topics illustrative of the progress and present condition of the different branches of medicine in the United States have been assigned to gentlemen of acknowledged rank in the profession in different sections of the Union. These exercises will, it is believed, add greatly to the interest of the occasion. Time was when we had no medical literature—no medical science—when we were utterly helpless, and wholly dependent upon the aid derived from our European brethren, especially the English, whose language, practice, and habits we made our own. The poverty of the country in these respects cannot be better illustrated than by the fact that we had no native works on medicine and the collateral sciences until after the commencement of the present century. Many of you will recall the words of the great English lexicographer, who, in 1769, in speaking of the American colonies, exclaimed, 'Sir, they are a race of convicts, and ought to be thankful for anything we allow them, short of hanging.' The Abbé Raynal, writing in the latter part of the last century, declared that America had not yet produced a single man of genius; and the exclamation of a celebrated Scotch reviewer, uttered at a more recent period, 'Who reads an American book, who goes to an American play, or who looks at an American picture?' is still fresh in the memory of many of the present race of men. The discourses which will be delivered before you on the progress of American medicine will serve to show that the profession of the United States has earned for itself an enviable reputation, and that it is fully abreast with all the other pursuits that adorn the human mind and shed lustre upon the scientific character of the nation. They will serve to show that we have passed the period of medical provincialism, and that we stand upon a lofty platform, to which we need not be ashamed to invite the representative men of the profession of foreign countries, however illustrious, or however far advanced in the arts of civilization.

"The different Sections, organized by the Commission, must speak for themselves. It is in them that the work of the Congress is mainly to be done, where the interchange of scientific ideas is to be effected, and from which the meeting is to derive its chief glory as an international body of scientific and enlightened men.

"It will be recollected that attempts have been made in different quarters and at different times to establish a uniformity of scientific nomenclature, weights, measures, and records of disease, for the medical profession in all parts of the civilized world. The plan, if carried out, cannot fail to advance, in an eminent degree, the interests of medical science; and I am happy to state that it is proposed to discuss the subject fully in one of the Sections.

"We are upon the threshold of a new century. One hundred years have passed away since the grand old bell upon Independence Hall announced to the world the birth of a new nation,

and liberty not only to our own citizens but to all peoples of the earth. The century that has just elapsed was the most wonderful in all that pertains to human progress, to discovery, to invention, to improvement, to refinement and intellectual culture—in a word, to all that ennobles and exalts human nature in its various aspects and phases—that has been vouchsafed to man since God said, "Let there be light." The science of medicine has been completely revolutionized within our own day. The saying, 'Old things have passed away behold all things are new,' has literally been fulfilled. The microscope, chemical analysis, clinical observation, and experiments upon the inferior animals, are leading on the medical mind with wondrous velocity in the pursuit of knowledge, and adding daily new facts to our stock of information, far beyond what the wildest fancy could have conceived of even a third of a century ago. Dogmatism, once so dominant in the schools, has ceased to exist, and no unacknowledged theories are any longer received by the scientist. Facts, resting upon the broad basis of observation and experiment, repeated and varied in a thousand ways, alone are relied upon as worthy of acceptance and as safe guides in practice. Hippocratic medicine is the order of the day. Everything bows before its divine behests.

"In every corner of the habitable globe penetrated by the light of civilization, busy, active minds, endowed with high culture, and actuated by the noblest resolves, are at work, exploring the mysteries of disease, and devising means or methods of treatment, for the relief of suffering, and the prolongation of life. The busy bee was never more industriously engaged in gathering honey from the flower of the field than the modern physician is gathering knowledge at the bedside of the sick, and garnering it for future use. Much of what is considered by many as established must be reviewed in the light of modern science; new avenues must be opened, and the ball, composed of myriads of threads more delicately formed than any ever spun by Penelope, must be pushed onward and upward by the united efforts of the medical profession in all parts of the world. How far the Centennial International Congress shall promote these desirable objects time alone can determine. It may safely be predicted that, if it do not fulfill all the promises of hope that have been formed of it, it will accomplish a great deal of useful work, and thus afford the world an earnest of its interest in the advancement of scientific medicine and in international unity. Science can have no higher mission than that of strengthening the bonds and securing the co-operation of its votaries in various parts of the globe, assembled to deliberate upon everything calculated to promote its holiest interests.

"Among the many objects of an International Congress, not the least is the interchange of kindly feelings on the part of its members, the formation of new friendships and the cementing

of old ties. It is well that men of different nationalities should occasionally come together, to look at one another, and to see how they stand in public estimation, as well as in their own; what the world thinks of them, and what they think of the world; what they have done to further the interests of scientific progress, to lighten the burdens of human suffering, and to extend the boundaries of human happiness. All these, and many other things which need not to be here specified, are objects well calculated to engage attention on such an occasion.

"It need hardly be added that the medical profession and the citizens of Philadelphia will do all they can to make your time pass pleasantly, as well as profitably, during your sojourn among us. Cards of invitation will be issued to you to inspect the various institutions of interest in and around the city; and, after the work of the Congress is over, the International Exposition will no doubt claim, as it assuredly deserves, the earnest attention of every member of this body. And now that the labor of the Centennial Medical Commission is completed, it only remains for the Congress, which I now declare open, to perfect its organization by the election of its own officers.

"It has often occurred to me that if these international reunions were more frequent and more largely attended, they would be a vast deal more serviceable in preventing war and international misunderstandings than any arbitrations that could be inaugurated for the settlement of international difficulties. Much of the pleasant feeling at present existing between the United States and Europe is due to the enlarged intercourse which has been going on, since the invention of steam navigation, between the peoples of those countries. I hope, therefore, that this may be only one of many such reunions on this side of the Atlantic."

The following is the complete list of the officers of sections:—

Medicine.—Chairman—Alfred Stillé, M. D., Philadelphia. Vice-Chairmen—R. P. Howard, M. D., Canada; J. J. Woodward, M. D., U. S. A. Secretary—J. Ewing Mears, M. D., Philadelphia.

Biology.—Chairman—John C. Dalton, M. D., New York. Vice-Chairmen—Austin Flint, Jr., M. D., New York; F. W. Campbell, M. D., Canada. Secretary—James Tyson, M. D., Philadelphia.

Surgery.—Chairman—Prof. Joseph Lister, Edinburgh. Vice-Chairmen—J. A. Grant, M. D., Canada; John Ashhurst, Jr., M. D., Philadelphia. Secretary—John H. Packard, M. D., Philadelphia.

Dermatology and Syphilography.—Chairman—James C. White, M. D., Boston. Vice-Chairmen—S. Engelsted, M. D., Copenhagen; Edward Shippen, M. D., U. S. N. Secretary—A. Van Harlingen, M. D., Philadelphia.

Obstetrics.—Chairman—Robert Barnes, M. D., London. Vice-Chairmen—Prof. Alexander R. Simpson, Edinburgh; W. H. Byford, M. D.,

Illinois. Secretary—William Goodell, M. D., Philadelphia.

Ophthalmology.—Chairman—R. Brudenell Carter, F. R. C. S., London. Vice-Chairmen—William Thomson, M. D., Philadelphia; Henry W. Williams, M. D., Boston. Secretary—John Green, M. D., St. Louis.

Otology.—Chairman—Clarence J. Blake, M. D., Boston. Vice-Chairman—A. H. Buck, M. D., New York. Secretary—H. N. Spencer, M. D., St. Louis.

Sanitary Science.—Chairman—Stephen Smith, M. D., New York. Vice-Chairman—J. S. Billings, M. D., U. S. A. Secretary—E. M. Hunt, M. D., New Jersey.

Mental Diseases.—Chairman—John P. Gray, M. D., New York. Vice-Chairmen—E. Grisom, M. D., North Carolina; I. Ray, M. D., Philadelphia. Secretary—Walter Kempster, M. D., Wisconsin.

Committee on Publication.—John Ashhurst, Jr., M. D., Philadelphia; R. J. Dunglison, M. D., Philadelphia; William Goodell, M. D., Philadelphia; James H. Hutchinson, M. D., Philadelphia; Caspar Wister, M. D., Philadelphia.

SECOND DAY, TUESDAY, September 5th.

The Congress met again, and was called to order by the President, Dr. Gross, at 10 o'clock, and reports from the Sections were called for. These reports were presented and referred to the Publication Committee, to be printed.

Dr. T. G. Richardson, of New Orleans, moved that the Congress be not held responsible for the reports of the Sections.

Dr. N. S. Davis, of Chicago, said that the subjects were committed to the Sections because there was no time to discuss them in open session, and he thought the Congress should merely accept and order them to be printed without committing the whole Congress to their adoption. He amended the motion, so that in the future the order in reference to reports of Sections be so modified that on submission they be accepted and recommended for publication, but not for adoption.

The vote adopting the report was then reconsidered, and they were referred again to the Sections:

A letter of congratulation was received from the Imperial Society at St. Petersburg. It is as follows:—

"The Imperial Medical Society of St. Petersburg hereby has the honor to send her best congratulations and sympathy to the International Scientific Congress of Medical Men in America, through her member and representative, Professor Rudnew."

A similar communication was received from the Medical School of Christiania, Norway.

The conclusions of the section on Dermatology and Syphilology, respecting the question of debate, are as follows:—

First.—Certain obscure affections, the etiology of which is little if at all understood, even in those parts of Europe to which they are mostly confined, may be regarded as practically

non-existent among us. Of such are *prurigo*, *podagra*, and *lichen exudens rubra*.

Second—Certain diseases, directly connected with and dependent upon poverty and habits of personal uncleanness, are less prevalent in the United States than in those parts of Europe of which we have sufficient statistical information for comparison. Examples of this class are the animal parasitic affections, especially.

Third—Some cutaneous affections of grave character, which are dependent upon or a part of serious constitutional disorders, are of less frequent occurrence and of milder type among us than in Europe in general, or those parts of it where they are endemic. *Lupus*, the *Syphilodermata*, and *Leprosy* are the most marked instances of this class.

Fourth—Certain diseases of the skin, especially those of its glandular systems, and those connected with its nervous system, are apparently more prevalent with us than in Europe. The most notable examples of the former are the *sebacea*, *acne*, and possibly the heat-rashes; of the latter, *herpes*, *urticaria*, and *pruritus*. In addition to the above-mentioned conclusions, the following additional proposition was adopted:—

Fifth—The type of certain acute, congestive and nervous diseases of the skin is more severe in this country than abroad.

Dr. Flint, New York, offered a preamble and the following resolutions, which were adopted:

WHEREAS, The institution of a public library containing all the important bibliographical and periodical publications relating to medicine and the collateral sciences, in the past and present time, is of importance, not alone to the medical profession, but to persons in other pursuits who may desire to refer to works treating of topics embraced in these departments of knowledge, and also concerns greatly the public welfare, in so far as this is involved in the elevation of the standard of medical education; and it appears, through the wisdom of national legislators of the United States Government, a medical library has been instituted, containing at the present time about 40,000 volumes, and about the same number of single pamphlets; and

Whereas, Experience has already taught the practical advantage of the present library, and, at the same time, the great need of its being made more complete by increasing at least twofold the number of publications which it now contains; and

Whereas, In order to render such a library available for reference, especially to medical men and others residing at a distance, a catalogue, wherein publications are classified after the United States, to provide for additions to the number of volumes and periodical publications, until the library is made as complete as possible;

Resolved, first, That the members of this International Medical Congress regard with great interest the institution of a National Medical Library in the city of Washington,

and respectfully petition the Congress of the United States to provide for additions to the number of volumes and periodical publications, until the library is made as complete as possible.

Second—That in view of the necessity of what is known as a *catalogue raisonne*, in order to render the library properly available for reference, this International Congress urge the importance of an early completion and publication of such a catalogue.

Third—That the specimen Fasciculus of the catalogue, which is stated to be nearly ready for the press, affords evidence of great labor and care, and the arrangements for convenience of reference, it is believed, will prove in all respects satisfactory.

Fourth—That those of the delegates to this International Medical Congress who are citizens of the United States, and other members of the medical profession in this country, are urged to exert their influence to secure the enlargement of the library and the speedy publication of the catalogue.

Henry I. Bowditch, M. D., President of the State Board of Health of Massachusetts, next read an address on Hygiene and Preventive Medicine. He said not a State in the Union has made a sanitary survey of the State, and they would probably think it an unnecessary expense, but in a few years it will be demanded. He gave an instance of a neighborhood which was rendered unbearable by the presence of a number of slaughter-houses, but the State Board of Health was given such authority, and swept them away, with the result that now that neighborhood is the most beautiful in Massachusetts. He much approved of public abattoirs. In regard to irrigation Salt Lake City is the most notable, they having thousands of miles of ditches, and in regard to bringing water into cities he has in his eye several large cities which, on account of defective systems, will bring upon themselves some disease. We shall never be free from contagious diseases until not only ourselves but all foreign nations shall have adopted a health code on the subject.

The dwelling-houses in which the poor in some of our cities are obliged to live are a disgrace. Their abodes are moral pests, and it is impossible for human people to grow up in them except in crime and disease. The only remedy for this is by public law and an authority making regulations for these people, or by philanthropic societies.

What is your method of disposing of sewerage? Reports from all the States in the Union show that in only one-fifth are there any sufficient means for the removal of these various sources of contamination. A great many have still the most primitive modes of disposing of them. They are thrown away carelessly. Many have surface drainage. In some they are thrown into open lots, and in some each inhabitant does as his own will dictates. Nothing can be more chaotic than the method at present pursued.

Our present duty is organization, National,

State and municipal. From the highest place in the National Council down to the smallest village Board of Health we need organization. This great and beneficent object, the prevention of disease, appeals to all. I appeal to the young men of the present hour. Can there be anything more inspiring to a generous-hearted, intelligent youth than the thought that by the research into the causes of disease, by the discovery of means for its prevention, and by the teaching of these various causes and means to the people, he may help to save a few of the 200,000 human beings now annually slaughtered by hereditary disease. Although public hygiene has made but few advances hitherto, it

is founded upon natural law. Modern science greets and brings it within its domain as one of its most precious objects for thorough investigation.

An address on Medical Chemistry and Toxicology was then delivered by Theodore G. Wormley, M. D., Professor of Chemistry in Starling Medical College, Columbus, Ohio. He gave a very exhaustive account of the discoveries in chemistry during the past one hundred years, especially in the United States.

Both papers were referred to the Committee of Publication, and the Congress adjourned until Wednesday.

(To be Continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

Induration of the Penis.

The cases below are given in the *Transactions* of the Missouri State Medical Society, for 1876, by the President, Dr. J. T. Hodgen:—

CASE 1.—Dr. Boothe, of Moselle, Missouri, visited me with Mr. B., aged 50 years, of rugged constitution and general good health. He had never suffered severe illness. During the winter of 1871-72, when the feet were damp and cold, and he had been exposed for several hours to chilling winds, he felt pain on the dorsum of the penis, near the glans, and found a contracted, hardened condition at that point, with a diminution of the entire organ.

After he had been seated by a warm fire for a time, and the sense of chilliness had ceased, the pain and hardness disappeared. These symptoms recurred a number of times under the circumstances above mentioned. Before the end of the winter the hardness was found to be persistent, though the degree and size of hardened surface varied. The hardness and size of the painful point were increased during exposure to cold, and together with pain diminished when warm and comfortable. The organ was inclined to turn upward at the free end, and the hardened part occupied a lower level than the parts about it.

I saw him in the spring of 1872, and found a heart-shaped, depressed, indurated portion, about the size of the thumb-nail. There was no tenderness to direct pressure. Pressure on the margin, or an attempt to bend the organ downward, caused a sense of painful tension. Mr. B. informed me that when the organ was erect the distortion was greater, and as the bending increased the depression increased, and the pain was aggravated by a sense of painful tension.

CASE 2.—April 16th, 1876, Dr. Walton visited me with Mr. —, aged 55 years, a small

man, of general good health, who found that during the damp and chill weather of winter the penis was painful and indurated. Both the pain and induration disappeared when the patient was at rest and warm, and especially if the feet were warm and dry. In this case the indurated part was on the right half of the body of the organ, near the median depression on the dorsum, and beginning near the glans penis, extending back about one and three-fourths inches, and was about one-third of an inch thick. The penis inclined upward, and to the right side. The deviation was increased during erection, and the pain also was aggravated. When patient is exposed to damp and cold weather the pain and hardness return, but quickly disappear.

These two cases present precisely the same condition, except as to site, form, and size of the contracted parts.

Both patients were directed to be warmly clothed, to guard themselves against exposure, to keep the feet dry and warm, and to take bromide of potash in camphor water. Both cases have been reported to me as having improved slowly for a time, and to have finally recovered.

Knee-joint Wounds.

Of these often serious injuries, Professor Volkmann says in his *Beiträge*, that since he adopted the antiseptic method he has not lost a single patient with an open wound of the joint treated conservatively, provided he was able to treat him within the first few days after the injury, and before the onset of any dangerous symptoms. His faith in Lister's method, combined with that of drainage of the joint, is such that he says, "I would bind myself to carry a drainage-tube through a man's healthy knee-joint, and to let it stay there for several days, without injury to his health or to the future

function of the joint; and I say this from a sense of the most profound conviction."

The following typical case is given in the *British Medical Journal*, from the clinic of the Nottingham Hospital:—

Thomas B., aged 12, was admitted November 8th, with a wound of the left knee joint six inches long, extending across the front of the joint, below the patella, from one side to the other. The ligamentum patellæ was divided close up to the patella, carrying a portion of bone with it. The wound was caused by falling out of bed on a chamber-pot twelve hours before he arrived at the hospital. He had bled freely from his severed articular vessels. The finger was passed into the joint. The wound was at once syringed out with carbolic acid lotion (one in eighty), and the edges brought together with wire and horse-hair sutures, except at the outer and inner corners. The limb was placed on a McIntyre's splint, straightened out with pads, etc., adapted for free irrigation with iodo-carbolic acid lotion (one in eighty).

November 20th. The irrigation was continued up to this date, when the wound was found to be superficial and granulating. His temperature had not exceeded 99°, and his health had been good throughout.

December 15th. He had a rise in temperature from slight sore-throat. The joint, however, was doing well.

December 22d. The corners of the wound being still open, they were dressed with boracic lint and collodion.

December 27th. The leg was dressed to-day, when the two corners were found to be healed, with the exception of a very minute portion.

Colchicine and Veratrine.

A number of experiments with these alkaloids are recorded by Dr. Arthur Leared in the *Medical Examiner*, March, 1876:—

The experiments prove that colchicine is an active poison, and go to show that half a grain inserted subcutaneously is the fatal dose for a rabbit. As the same dose proved fatal to a cat, after somewhat of the same interval, the difference in its effects upon herbivorous and carnivorous animals is not marked. But, contrary to what has been supposed, colchicine is a much less potent poison than veratrine, as the comparison between their respective action upon cats and guinea-pigs proves.

The experiments also prove that a remarkable difference exists between the action of colchicine and veratrine. The animals poisoned by colchicine had no spasms, while death in those killed by veratrine was preceded by convulsions. Veratrine acts upon the medulla oblongata and spinal cord; the main action of colchicine is upon the ganglionic nervous system, and probably upon its intimate connections, the pneumogastric nerves. The contractions of the heart, at first increased or lessened by turns, became in every case diminished in number, until in the fatal cases the organ ceased to act. This was

accompanied by contraction of the arteries (my own case), and the left ventricle of the heart in the animals killed was also invariably found to be firmly contracted. Failure of circulation was also indicated by the congested state of the lungs and right side of the heart. Nausea, vomiting, and relaxation of the sphincters point to action on the sympathetic. In three instances in which life was prolonged for several hours after injection, a remarkable lowering of temperature preceded death; to such a degree, indeed, that the graduation of an ordinary clinical thermometer was insufficient to indicate the loss of heat.

It is noticeable that in the cats, the one killed by colchicine and the other by veratrine, the blood in the heart was found to be liquid, while that found in the same situation in the herbivorous animals was firmly coagulated.

The conclusion arrived at is, that colchicine, by its action on the sympathetic nervous system, destroys life by depressing the action of the heart until fatal syncope ensues.

Professor Volkmann on Cancer.

Professor Volkmann, of Halle, in a recent work (*Beiträge zur Chirurgie*), speaking of cancer of the lip, calls attention to the success which he has met with in a number of cases operated on before any infection of the lymphatic glands had taken place. Of 19 cases, 14 had remained, up to December, 1874, completely free from any relapse for the following periods: 5½ years, 23 months, 21, 20, 19, 19, 18, 17, 15, 15, 14, 13, 12½, and 12 months. He insists, with Billroth, that "the prognosis of cancer of the lip is a relatively good one as long as the lymphatic glands remain unaffected; and it is therefore the imperative duty of every medical man to take the earliest opportunity of himself undertaking or else of advising complete extirpation of the growth in every case he meets with."

In the chapter on diseases of the breast, Professor Volkmann enters at considerable length into the questions of the etiology and method of extension of carcinoma mammae. The whole of his remarks are worth reading carefully. We would only here refer to his views with regard to the value of excision of the mamma in these cases. He believes that its success is directly proportional to the time at which it is undertaken—that is to say, the earlier you operate the greater chance of the patient's permanent recovery. "I can only state," he says, "for myself, that I have operated on no inconsiderable number of women who have remained without relapse for from five to fifteen years. Some of these cases were apparently very unfavorable ones, in which a quickly fatal issue seemed inevitable. Professor Volkmann believes most strongly that the number of cures will steadily increase if ordinary practitioners will only send their cases to the surgeon, or else operate themselves, in the earliest stage of the disease after the diagnosis has been definitely made, instead of losing valuable time in trying a number of

absolutely useless remedies. At present it is too much the fashion to recommend the operation as a *dernier ressort*, much in the same way as "prescriptions are habitually written for incurable or dying patients." With regard to the mere lengthening of life by the operation, Professor Volkmann is distinctly of opinion that it has such an effect. He lays great stress on the way the operation is to be performed, especially on minute attention to the removal of every portion of suspected tissue, as well as on the complete clearance of the fat and lymphatic glands from the axilla in case those glands are simultaneously involved; and here again the antiseptic treatment stands him in good stead.

The Pathology of Fever.

Dr. H. F. A. Goodridge, concludes an article in the *British Medical Journal*, on this subject, in the following words:—

To sum up, then: we have seen that the characteristic elevation of temperature of the body in fever is mainly due to increased production of heat; that, besides the increased production of heat, there is a disorder of nutrition, an abnormal disintegration of the tissues of the body, and particularly of the *muscular tissue*, evinced on the one hand by increased excretion of urea and of potash salts, of carbonic acid, and perhaps also of water, and on the other by progressive loss of body-weight; that the increased production of heat, occurring at a time when a principal source of normal heat-production—*viz*, the food ingested—is all but completely cut off, must have its chief origin in the abnormal disintegration of tissue; but that the converse may also hold good to a greater or less extent, there being thus action and reaction; that, however probable may be the hypothesis of the intervention of the nervous system, the connecting link between the entrance into the organism of the fever-excitant, the pyrogenic matter (be this *contagium vivum* or what it may), and the onset of the characteristic phenomena, has not yet been demonstrated; in other words, the proximate cause of fever remains undetermined.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The July number of the "Micro-Photographs in Histology," edited by Drs. Carl Seiler, J. Gibbons Hunt and J. G. Richardson, contains three plates, one of hepatic cells from the liver of a fly, the second a specimen of leukaemia of the liver, and the third of blood corpuscles, showing the difference in size of

the blood disks of man and the ox. The editor requests gentlemen who have specimens which they think can be used with advantage to correspond with Dr. C. Seiler, care of the publishers (Porter & Coates, 822 Chestnut street, Philadelphia. 60 cents per number).

—The seventh number of the second volume of the "American Clinical Lectures" is on Tracheotomy and Laryngotomy, by Prof. H. B. Sands, M. D., of the College of Physicians and Surgeons, New York. It is an excellent summary of the subject (Price 30 cents. G. P. Putnam's Sons, 182 Fifth avenue, New York City).

—The fourth part of Dr. Tilbury Fox's "Atlas of Skin Diseases" has four plates, representing lichen ruber, lichen scrofulosum, eczema simplex, solare and rubrum. There is also the usual descriptive text and notes upon treatment (Price \$2.00. Lindsay & Blakiston, Philadelphia). The fifth part, which has also appeared, includes eczema impetiginodes and infantilis, impetigo figurata and scabida.

—A plea for the Code of Ethics has appeared from the pen of Dr. Charles H. Todd, of Owensboro, Ky., in a report on the subject to the State Medical Association of Kentucky. The argument is sound and strong (pp. 6, from the author). The same writer urges, in a pamphlet before us, upon teachers and principals, the important subject of ventilation, and explains its "philosophy and necessity."

BOOK NOTICES.

Studies, Chiefly Clinical, in the Non-Emetic Use of Ipecacuanha: with a Contribution to the Therapeutics of Cholera. By Alfred A. Woodhull, M. D., U. S. A. Philadelphia, J. B. Lippincott & Co. 1876. Cloth, 8vo, pp. 155.

The thesis which the author sets forth to maintain is that ipecacuanha is a "direct nervous stimulant, acting chiefly if not entirely upon the sympathetic nervous system." To say that this thesis is vindicated would be doing the author more than justice. His arguments are often doubly strained; first, in order to show that some given pathological phenomenon is dependent on disturbance of the sympathetic; and next, to prove that ipecacuanha can remove

this phenomenon. Very uncertain clinical reports are given, as, for instance, those of the dogs (p. 73), to the last degree problematical; and then the almost total darkness we are in as to the real functions of the sympathetic is of itself a most damaging reflection on his or any theory regarding its pathology.

A number of clinical facts he has gathered together render, however, his monograph valuable. The value of the drug in dysentery is fully set forth. Hardly sufficient credit is given for its general use. Our readers will remember that Surgeon Major Gore, in his "History of the West African Campaign," reviewed in these columns a few weeks ago, states that in that dysenteric climate it was the regular treatment, and a very successful one. Dr. Woodhull proposes its employment in a number of other complaints, as cholera morbus, infantum and Asiatica, dyspepsia, asthma, neuralgia, poisoning from snakes, opium and alcohol, in intermittents, pneumonia and hepatitis, and a number of other maladies. His arguments, however, are too frequently but slimly supported by clinical experience. The second part of his volume is largely taken up with discussions of the therapeutic operations of the drug, and what he terms "A Speculation upon Cholera."

The Theory and Practice of Medicine. By Frederick T. Roberts, M. D., M. R. C. P., etc. Second American from the last London edition, revised and enlarged. Philadelphia, Lindsay and Blakiston, 1876. 1 vol., cloth, 8vo, pp. 920. Price \$5.

The first edition of Dr. Roberts' *Practice* sold promptly, both in London and this country, and the call for the second in both lands proves that he has written a book of sterling merit. He is teacher of Clinical Medicine at University College Hospital, London, and also assistant physician in Brompton Hospital for chest diseases. These positions assure him that constant familiarity with disease indispensable to a first-class clinical writer.

The present edition has been carefully revised, and is notably enlarged. A separate chapter on the diagnosis of acute specific diseases has been added. Some material changes have been made in the arrangement, the diseases of the skin nearly all rewritten, and various less common affections treated either more fully or introduced for the first time.

Various additions to clinical knowledge, of seeming importance, are also discussed.

On Tracheotomy, Especially in Relation to Diseases of the Larynx and Trachea. By W. Pugin Thornton. Philadelphia, Lindsay & Blakiston. pp. 70. Price, \$1.75.

The author of this monograph is Surgeon to the Hospital for Diseases of the Throat, and gives in brief, direct style a series of careful directions for the performance of tracheotomy. He describes the anatomy of the parts, the instruments and apparatus required, the steps of the operation, the dangers during and after it, and the diseases and injuries which call for its performance. The text is illustrated by eighteen wood-cuts and three photographs. A number of cases exemplifying treatment are added. The work is practical, clearly written, and is an excellent specimen of what a surgical monograph should be.

Statistics, Medical and Anthropological, of the Provost Marshal General's Bureau, derived from the Records of the Examination for Military Service, in the Armies of the United States during the late War of the Rebellion, of over a Million Recruits, Drafted Men, Substitutes, and Enrolled Men. Compiled by J. H. Baxter, A. M., M. D., late Chief Medical Officer of the Provost Marshal General's Bureau. Two vols., 4to, pp. 568, 767.

The Medical and Surgical History of the War of the Rebellion. Part II, vol. II. Surgical History. Prepared by George A. Otis, M. D., U. S. A. 4to, pp. 1024.

The two admirable works issued from the Government printing office, the titles of which we give above, present the results of such an experience in their respective domains as the world has not heretofore seen. This enormous mass of material has been analyzed, tabulated and generalized by experts, and is here given to the scientific public with all the accessories of charts, maps, lithographs and engravings which art can suggest. It would be impossible to do justice to such rich accumulations in the scope of a notice, and we shall endeavor to bring forth some of the new views elicited in the editorial columns of this journal at some future time.

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A WEEKLY JOURNAL,
Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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FAMILY MARRIAGE.

Inasmuch as various States in the Union have, in the plenitude of their legislative wisdom, seen fit to pass acts prohibiting the marriage of near of kin, the question as to the effect of such marriages on the physical and mental capacities of the offspring is one of much more than theoretical interest.

This journal has always taken the position that these unions are, in themselves, wholly unobjectionable; that if the couple both enjoy good health, their children will have an equal probability with any others of receiving in turn the same blessing, and that only when there is a hereditary taint in the family is there danger to the offspring by the additional strength this taint may assume by being inherited from both parents; but that even in this instance, the danger is not greater than when two persons marry nowise akin, but each suffering from the same inherited morbid tendency.

These opinions, based on the numerous facts

which have been advanced by both sides, are now generally adopted by the cooler heads in the discussion. Thus the eminent naturalist, M. QUATREFAGES, endeavors to reconcile the opposing opinions by a theory which virtually places consanguinity outside the category of morbid causes. "The consequence we are to draw from all these facts," he says, "would appear to be that near relationship between father and mother is not in itself hurtful, but that, in virtue of the laws governing heredity, it oftentimes becomes so; and hence, in view of the eventualities to which consanguinity leads, it is at least prudent to avoid consanguineous marriage."

Mr. ALFRED H. HUTH has recently written a book, "On the Marriage of Near Kin" (London, 1875), in which he attacks with great and even indiscreet vigor such legislation as we have alluded to.

The general conclusion at which Mr. HUTH arrives is, that "not one of the many reasons which have been advanced why marriage between near kin should be prohibited by the State can stand inquiry." There is no "natural horror of incest" either among the lower animals or mankind; it has been habitually practiced without any conscious experience of bad results; the statistics on the subject are unreliable; the benefits of crossing are non-proven; the duality of sex is otherwise accounted for; and, finally, the evil results ascribed to in-and-in breeding may be, and most probably are, due to other causes.

"Marriage," he thinks, "should therefore be only prohibited in those degrees which by general consent are considered incestuous; that is, in the direct ascending and descending line, between brother and sister, and uncle and niece; or those degrees which as a rule imply an unsuitable difference of age between the parties."

In fact, Mr. HUTH appears to be such a thorough-going advocate of in-and-in breeding that it is with reluctance he goes thus far. The only reason he can see for prohibiting the mar-

riage of a brother and sister is, that "if brothers and sisters were allowed to marry, they would do so while yet too young."

With these extreme views none but a partisan is called upon to coincide. But certainly this is not a question which should be decided by legislatures. Any enactment on the subject is a violation of the liberty of the subject, and as absurd as the English law which forbids marriage with a deceased wife's sister.

There are considerations of a social and moral nature which should and always will check incest; and as families acquire a better knowledge of their own constitutions and the physical laws which govern them, good sense will prevent unions which tend to hasten decay. These are the deterrents, and they are enough, to hinder any real danger from cohabitation of near of kin.

NOTES AND COMMENTS.

The Prussian Ambulance System.

An English surgeon describes this system, briefly, as follows:—A battalion takes the field with a medicine cart and a few stretchers, and a proportion of surgeons and auxiliary bearers—two of the former and four men per company of the latter. The battalion carries with it no regimental hospital equipment, nor any material for opening a detachment hospital. In minor actions, first assistance is given by the battalion surgeons and auxiliary bearers. Both advance with the soldiers under fire, and tender what aid they can to those who fall. The medicine carts and stretchers are advanced as far as possible, and "bandaging places" formed just beyond rifle range. The auxiliary bearers then carry back the severely wounded, who are unable to walk, on their stretchers to the bandaging places. Injuries are then examined, dressings applied, and the necessary surgical operations performed, after which the patients are removed to a sheltered quarter. If the engagement becomes general, the sanitary detachments and field hospitals, which follow the advancing army as closely as possible, are then thrown forward, the former to relieve the auxiliary bearers, and the latter to provide

temporary ward accommodations. There are three sanitary detachments to each army corps, and to each detachment there are attached, besides other officials, seven surgeons and 124 sick-bearers.

Pregnancy with Imperforate Hymen.

The only case of pregnancy with imperforate hymen we remember to have seen recorded is given in the *Lancet*, August 12th. An unmarried girl was found in labor with a hymen not only unruptured, but imperforate. The girl, after repeatedly disowning any knowledge of her condition, confessed to having had sexual intercourse. Connection, she said, was very painful and difficult. Her catamenia had been regular all her life up to this pregnancy, and she volunteered the statement that her sufferings at those times were quite as great for three days as her pains in labor.

Dr. E. J. Burgess, of St. Bartholomew's Hospital, who reports the case, suggests that the small opening which she must have had at the time of sexual intercourse had had time to close by healing, and it is not, perhaps, too much to presume that the pain at her menstrual periods, which, by-the-by, was worse on the day preceding the discharge, was due in great part to the fact of the imperforate character of the hymen, which had closed over since the previous catamenia four weeks before.

To Cleanse the Os Uteri.

Every gynecologist, says Prof. Pajot, knows how difficult it often is to cleanse the uterine orifice of the viscid mucus which is characteristic of certain forms of catarrh. After trying a variety of chemicals, in order to discover a satisfactory detergent, the simplest substance suggested itself the last, and was found all that can be desired. This is the yolk of egg. Dip a piece of charpie or cotton in the yolk of a fresh egg, apply it to the orifice, throw some water into the speculum, continuing to mix the yolk and the mucus, then let the water escape, dry the os, and it will be found perfectly clean.

Kryolite and Keiserite.

A correspondent writes us that in looking over an April number of the *MEDICAL AND SURGICAL REPORTER* he had his attention attracted by an article with the caption of kryolite, in which the statement is made that

Epsom salt is largely manufactured in Philadelphia from this mineral. This statement he obligingly corrects, as follows:—

Epsom salt, as is well known, is a sulphate of magnesium, and for many years was made in Philadelphia by the only manufacturer in the United States, and whose supply of crude material was obtained from a mine in Maryland, from a mineral containing about twenty per cent. of magnesia. Within a few years one or two other houses have commenced the manufacture of Epsom salt, and a mineral frequently called *keiserite*, containing about sixty per cent. of magnesia, obtained from Germany, has been principally used. *Kryolite* is a mineral containing no magnesia, or, if any, merely a trace, but is rich in salts of sodium (being a double fluoride of aluminium and sodium), and is used in the manufacture of bicarb. sodium and alum. The former is undoubtedly the product the writer of the article on kryolite had in mind.

Physiological Effects of Galvanism.

In the journal of *Anatomy and Physiology* Mr. G. J. Romanes offers "Some Observations on the Galvanic Excitation of Nerve and Muscle, with especial reference to the modification of the excitability of motor nerves produced by injury." This paper is of considerable interest. Mr. Romanes was led to the inquiry by observing that injury of a motor nerve is followed by a very marked and very peculiar alteration in its behavior toward voltaic stimuli; the nerve becomes extremely sensitive to the excitation supplied by the descending break. On following out this subject, he shows, as the result of numerous experiments, that while both muscle and central nervous matter are able, though in opposite ways, to distinguish between anodic and cathodic closure, peripheral nervous matter is quite unable to do so.

The Relief of Prickly Heat.

Many persons are very subject to this annoying affection. They will be glad to learn that Surgeon-Major Dr. J. G. French, of the Indian medical service, in a contribution to the *Indian Medical Gazette*, says that we can cure prickly heat in three or four days by the application of a solution of sulphate of copper. This should be of the strength of about ten grains to the ounce of water, and the solution should be

applied daily, or oftener, by means of a camel-hair brush, or bit of sponge tied on the end of a stick. It is best applied after the morning bath, when the skin has been well rubbed with the towel, and it must be allowed to dry on the skin before dressing. Dr. French states that he has used this application for over thirteen years, and, when regularly and properly applied, he has never known it to fail.

Salicin and Salicylic Acid in Rheumatism.

A report of the Leeds Infirmary, in the *Lancet*, gives nine cases treated with one or other of these drugs. They seem to show a great superiority in salicylic acid over the alkaloid in the treatment of rheumatism. In none of the cases treated with salicin did the drug affect the pain or the temperature as in those treated by the acid, while the fact that pericarditis ensued in one case, while the patient was taking salicin, would indicate its inability to arrest the disease. On the other hand, in the cases treated by salicylic acid the influence of the drug was most marked, the pain being considerably or entirely removed within twenty-four hours, while, except slight sickness in one case, no unpleasant symptoms followed its use.

Singularly Slow Pulse.

The *Gazette des Hôpitaux* states that at the Lariboisiere hospital a patient, a *chiffonnier*, seventy-seven years of age, came in to be treated for hydrocele, in all other respects seeming well, and jovial in his manner. It was almost by accident discovered that he had a pulse only of 21. It is regular, the two sounds of the heart and the short interval of silence that separates them occupying scarcely half a second. But the "grand silence" is extraordinarily prolonged, so as to continue nearly two seconds and a half. During this, absolutely nothing is heard in the heart—not the slightest souffle. But with the first sound a very distinct souffle is heard, which, continuing during the "petit silence," terminates suddenly with the valvular clap which constitutes the second sound. The heart seems large, its apex beating more externally and lower down than in the normal state. There is some emphysema of the lungs. The pulse was counted carefully four days in succession, and the intervals were found to be perfectly equal, and the same on both sides.

CORRESPONDENCE.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter XIV.

THE SHOW OF FOREIGN SPLINTS.

CENTENNIAL EXHIBITION, Sept. 9th, 1876.

ED. MED. AND SURG. REPORTER:—

Of the any quantity of materials which have been tried for splints, it is probable that plaster-of-paris has, at this time, most advocates. As a St. Louis surgeon remarks, whose article I was lately reading, "this material is adaptable to every emergency demanding such restraint."

But the most recommendable method of using gypsum seems still open to question. It requires a body or filling in order to give it firmness and lightness, and what shall this be? I was well pleased with the "gypsum and hemp combination splint" exhibited among the surgical matters in the German section. They are used in the Surgical Hospital of the Royal University of Königsberg, of which Dr. Schænborn is director. The hemp is spread over the limb in a layer of half an inch in thickness, and is retained there while the gypsum is applied upon it. In a few minutes the plaster hardens, and a second coat can be laid on if required. This is much simpler than the elaborate bandaging system which used to be employed, and has less danger of interfering with the circulation of the part.

In the Austrian department there is a very similar set of splints to be seen, such as are used in the surgical department of the Vienna General Hospital. They are of cotton and gypsum, and have the advantage of "movable flaps," the splint being prepared in sections, so that one piece at a time may be removed for dressing, inspection of the surface, etc. This saves the old and awkward plan of cutting holes in the splint.

Still another variety of plaster splints may be found in the department of the Netherlands, in the Main building. These are the "plaster bandages" of Dr. A. Mathysen, and may be briefly described as follows: Three pieces of flannel are cut and fitted to the member; the one destined to lie between the other two is coated with gypsum on both sides, the other two only on one side; that which is to come in contact with the inner, double-coated piece. By this arrangement the splint is rendered cleanly, firm, light, and agreeable to the skin; there is no compression from bandages, and they are easily fitted and readjusted. They have been in use in the Netherlands for a number of years, and they must have been satisfactory, as their inventor has been awarded a red cross decoration for them, and La Société Néerlandaise for the relief of the wounded in war gives them its recommendation.

I have in a previous letter referred to the straw splints and bandages shown among the articles in military surgery in the German exhibit; but I have yet to mention the sheet metal splints of Dr. Guillerz, of Brussels. These are to be seen in the Belgian department of the Main building. They are of sheet lead, or a composition resembling it, and are pierced with a multitude of circular holes, to allow of transpiration, something like a "porous plaster." The inventor claims for them that they were used with great advantage on the battlefields of the Franco-German war. A sheet of the metal can be carried without occupying much space, and can be moulded by the hands of the surgeon on the field to a wounded member, thus providing for safe transportation.

The principal English exhibitors in this line of surgical appliances are Lang, Jonas Jules, and F. U. Rein & Son, of London, and the Glasgow Apothecaries' Company; but I did not notice among their displays any special novelty in the line of splints. A.

The Natural Law of Marriage, etc.

ED. MED. AND SURG. REPORTER:—

As your remarks upon my work on the "Natural Laws of Marriage," etc., may inadvertently cause misapprehension of its character, and retard the cause of progress which both desire to promote, please allow me to explain that while the general design thereof is "to coördinate human with natural law, and reorganize society on a natural basis," it is not intended to interfere with, much less abolish, the present ritual forms and ceremonies of marriage, but to point out the fact that sexual conjugation is marriage *de facto* and *de jure*; and, as it is thus the basic, normal, and legitimate marriage *per se*, it should have the same legal acknowledgment, and its obligations be as rigorously enforced, as every form of ritual marriage, it being inherently positive, sacred, and binding by the law of nature, and should be so by that of man. At page 104, I explicitly state, "This legal recognition and enforcement of the obligations of natural marriage will act as a supplement to, and not as a substitute for, the ordinary ritual or ceremonial marriage. Hence, the legalization of natural (marriage) will not necessarily interfere with the usual preliminary espousals and customary wedding rites, which will always be adhered to as a matter of course, both from pride and principle, by the mass of mankind. But it will apply only to that large class of human beings who, from various causes, singly or combined, as poverty, ignorance, weakness or wickedness, give way to their affections, appetites and passions, and resort directly to the natural wedlock, without regard to the ordinary conventionalities and extraneous usages of life."

Much matter in support of the views presented was omitted from the necessity of limiting the size of the book. At a future time I

hope to discuss more fully these subjects, of so much practical importance to the race.

GEO. J. ZIEGLER, M. D.

128 S. Fifteenth street, Philadelphia.

NEWS AND MISCELLANY.

The Quarter Centennial of the American Association for the Advancement of Science.

This Association met at Buffalo, New York, August 23-6. It was well attended, and many papers of interest were presented. Zoology and geology were the sciences which received the greatest share of attention. There were not so many articles of medical interest presented as on some previous occasions. We may mention:—

"Determination of Subjective Temperature," by J. W. Osborne.

"The Accurate Graduation of Thermometers by Comparison," by J. W. Osborne.

"Phenomena Produced by the Union of Two Sounds," by Dr. K. Koenig.

"On the Analysis of Milk," by E. H. V. Baumhauer.

"On the Practicability of Cooling the Air of Buildings during Hot Weather," by Simon Newcomb.

"On the Provisional Hypothesis of Pangenesis," by W. K. Brooks.

The latter paper was one of the most important of the session. It was a supplement to Darwin's doctrine of pangenesis, and the author showed that the male supplied the elements of progression; the female those of conservation. New characters were thus impressed by the males of a species. Copious illustrations of the truth of this theory were supplied from the animal and vegetable kingdoms, and its application to our comprehension of the workings of evolution was carefully and laboriously discussed. At the conclusion of the paper the Vice-President congratulated the author heartily upon his essay, and expressed the opinion that it was a valuable contribution to our knowledge.

The following officers were chosen:—

President—Prof. Simon Newcomb, of Washington.

Vice-President of Section A—Prof. Pickering, of Boston.

Vice-President of Section B—Prof. O. C. Marsh, of New Haven.

General Secretary—Prof. A. R. Grote, of Buffalo.

Secretary of Section A—Prof. H. C. Bolton.

Secretary of Section B—Prof. W. H. Dall.

Nashville, Tennessee, has been selected as the place for meeting in 1877.

—The Cincinnati *Gazette* states that Dr. Thomas F. Moses, of Urbana, Ohio, is making investigations into the mounds of that locality. A number of skeletons have been disinterred.

A Handsome Exhibit.

The following notice of the exhibit of a worthy firm is taken from the Boston *Globe*:—

"An elegant stand displays the name of Billings, Clapp & Co., Boston, upon a groundwork of black velvet, in letters eight inches in length, each letter consisting of beautiful crystals of bromide of potassium. In front may be seen several large glass cases, one octagon in shape, containing large crystals of nitrate ammonia, weighing over 150 pounds each. Upon shelves are arranged more than sixty specimens of the products of their laboratory, in glass jars, some of which have the capacity of a barrel, the largest ever made in this country. The only specimens of propylamin and its compounds in the Exhibition are found upon this stand, and some idea of the rarity and costliness of this article may be obtained from the statement that the contents of three bottles are valued at more than \$2000. They have also a jar of the capacity of twenty-five pounds, filled with carbolic acid, of perfect whiteness, and the largest specimen to be seen in the Exhibition. We notice particularly a jar of citrate of bismuth; also, fine specimens of citrate of iron and bismuth in scales, sulphite of sodium in crystals, the various preparations of gold and silver used in photography, salts of bismuth, iron, lead, mercury, etc., etc."

Female Doctors in Europe.

A correspondent of the *Bund*, of Berne, has lately summed up in successive letters from Zurich the present results of the much-contested "Damenstudium." It is now exactly ten years since the first female student clamored at the gates, or rather since the medical faculty opened the gates to her; for she had been attacking them by a diligent prosecution of the medical course. She was a young Russian lady. The University of Zurich, on the 14th of December, 1867, conferred upon her the dignity and rights of a doctor of medicine. Doctor or Doctress Erismann has since practiced medicine with great success—first alone, and later as the wife and partner of a medical man. Thirteen young ladies have followed her example, all of them standing the test of the severe examination with credit, and some with brilliancy. Each of these ladies has received from the Medical Faculty of the University the degree of Doctor of Medicine, Surgery and Midwifery. Six of these graduates were Russians, two were English women (Miss Morgan in 1870 and Miss Atkins in 1872), one was a Scotch woman, one an American, one a Swiss, and the remaining two were Germans. The American, a young lady from Boston, passed with great applause, and her public disputation before receiving her degree on the 22d of June, 1871, created much admiration. After a short but very promising practice, she lost her life by shipwreck in the Atlantic. In 1872, when Zurich had braved the worst of the storm

of ridicule and anger, the University of Göttingen found courage to stand at her side, and the first female academical student in the Netherlands passed a successful examination in physics and mathematics. The two latest, a Russian from Jaroslaw, and Fraulein Franziska Tiburtius, from the island of Rugen, in the Baltic, have just maintained their theses and been admitted to the dignity and rights of the doctor's degree. The thirteen ladies who have received medical degrees have exhibited an undoubted vocation for the profession. The extraordinary pressure of female students with which Zurich was threatened at the beginning of the movement has now subsided, and is not likely to recur.

The St. Petersburg Lying-in Asylum.

In a recent inaugural dissertation, Dr. Stoltz gives an account of the working of the ten Lying-in Asylums that have been recently established at St. Petersburg. Established on account of the danger that exists in the agglomeration of puerperal women, these asylums have only three or four beds in each; and although many of these are placed in very insalubrious districts, a six years' experience has proved their great utility. Of the 7907 women who have been delivered in them, only eighty, or 1.1 per cent., have died, while at the three hospitals the mortality has been 3.6 per cent.; so that the lives of 200 women have been saved which would have been lost in the old establishments. Besides their great convenience in being distributed over the city, the cost of these asylums is much less than that of the hospitals, the expense of each patient being in the latter from nineteen to twenty-three roubles, while in the asylums it is only twelve roubles.

Singular Longevity.

A remarkable case of longevity is reported in Virchow's *Archiv*, by Dr. Ornstein, of Athens. The man, George Stravarides, died in Smyrna, at the age of 132 years. Although he had always lived an irregular life, and had consumed an average of more than a hundred drachms of brandy daily, he retained full possession of all his five senses, as also a complete set of teeth, up to the moment of his death. He also continued to the last to attend to the duties of his avocation—a baker. This man was born in 1743, in the reign of Mahmud I, and lived during the reign of nine sultans.

The Eucalyptus Globulus.

The Italian Government, persuaded, by the success of the Trappist brotherhood of San Paolo fuori le mura di Roma, that the eucalyptus globulus has a beneficial influence in malarious districts, has presented to the landholders of Italy large supplies of slips of the tree for the purpose of forming plantations where its virtues seem required. The Government also

intends to grow eucalyptus along the boulevards of the large cities, and even along the various lines of railway throughout the kingdom. Landholders, themselves, are following the initiative of the Government, and in a few years Italy expects to drive malaria effectually from her borders.

A Wise Legacy.

M. Vulfranc Gerdy, who was for a long time Inspector of Uriage, has left a sum of money to the Academy of Medicine of Paris, to found a kind of school in which young medical men, with suitable salaries, shall for four consecutive years repair to such watering places as shall be pointed out to them, study and collect cases, and report upon them to the Academy. Satisfactory reports will be specially rewarded.

Items.

—A little girl, child of parents living in a healthy locality on one of the ridges near Pensacola, had an attack of yellow fever which much puzzled the physicians, as there was then no yellow fever in the city, nor had she or her playmates been in contact with any one from there. After her recovery, she described a game of "hide and seek," where she had hid under an old sail, so cunningly that she could not be found. The sail had been imported from New Orleans, during an epidemic of a previous season.

—This queer death notice is from the Waco (Texas) *Examiner*: "Died—At the residence of Major W. W. Downs, on Third street, Monday, August 7, at 10.30 o'clock P. M., Captain O. J. Downs, of voluntary abstinence from strong drink."

QUERIES AND REPLIES.

Eating Charcoal.

Will some of the readers of the REPORTER inform me whether the habit of eating charcoal (practiced by many ladies) is deleterious to general health?

Mississippi.

J. W. MORTON, M. D.

Reply to Dr. J. N. M. (p. 180).—For persistent vomiting in pregnancy, give a teaspoonful of warm milk, as soon as possible after drawing, night and morning.

Minnesota.

R. L. M.

Another Reply.—Give a teaspoonful, every three hours, of the following:

Recipe.	Pot. bromide,	three drachms
	Tr. columb.,	two drachms
	Aque,	two ounces.
		M.

I have used this successfully for five years. A. J. Earham, Iowa.

Dr. H. C. E., New York.—I have recently had a case of partial paralysis of right side, in a woman aged about fifty. Hair had been slightly gray previous to attack, but became entirely so on side paralyzed. Is this a usual occurrence?

Patient stated that she had been in the habit of using cold tea on hair; could this have any influence?